

General Dental Practice Inspection Report (Announced)

Penclawdd Dental Practice, Swansea
Bay University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	15
4. Next steps.....	17
Appendix A - Summary of concerns resolved during the inspection	18
Appendix B - Immediate improvement plan.....	20
Appendix C - Improvement plan	21

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Penclawdd Dental Practice, Swansea Bay University Health Board on 12 March 2024.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 32 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This report describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients and can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the staff at Penclawdd Dental Practice were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly and professional manner both in person and on the telephone.

All respondents to the HIW questionnaire who provided an opinion rated the service as 'very good'.

Comments included:

“Very clean and friendly dentist went above and beyond to explain and help to decide on treatment.”

“Staff were really friendly and helpful.”

This is what the service did well:

- Pleasant, well-maintained, and welcoming environment
- Adjustments made to assist wheelchair users and patients with mobility difficulties
- Useful information made clearly available to patients
- Patient feedback encouraged and acted upon.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

All areas were seen to be clean, tidy and free from any visible hazards.

This is what we recommend the service can improve:

- Ensure that all sections of the Radiation Protection File are completed
- Put a laundry policy in place
- Ensure verbal consent is consistently noted in patient records.

This is what the service did well:

- The practice was clean, well equipped and fit for purpose
- Clinical equipment was safe and maintained appropriately
- Robust measures were in place to ensure high standards of infection control
- Policies and procedures were in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

We found that Penclawdd Dental Practice had good leadership and clear lines of accountability. The owners and the practice manager demonstrated commitment to providing a high standard of care.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and appraisals.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

This is what we recommend the service can improve:

- Carry out a smoking cessation audit.

This is what the service did well:

- Use of an electronic system to manage staff training requirements
- Systems in place to ensure regular review of policies and procedures
- Robust systems and records for the recruitment and employment of staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Some of the comments provided by patients on the questionnaires included:

“Staff are friendly and helpful, taking time to explain what they are doing and checking that there is no pain”.

“I am very impressed with (Dentist) and his staff. The skill and care they possesses is outstanding. I always look forward to my visits to (Dentist)”.

Person Centred

Health Promotion

We saw a variety of leaflets and posters in the reception area providing information for patients, such as the sugar content of different soft drinks. Television screens used to call patients into surgeries also displayed information about oral health. Staff told us that the theme of a small display area was regularly updated. During the inspection, the display was about smoking cessation, to align with national ‘no smoking’ day.

A ‘no smoking’ sign was clearly displayed at the front door, showing that the practice complied with the smoke-free premises legislation.

All respondents to the HIW questionnaire who provided an opinion said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

Surgery doors were kept closed during treatment, and music was played in the waiting areas, to preserve patient privacy and dignity.

Treatment prices for both NHS and private care were clearly displayed. Registration certificates issued by HIW and copies of the GDC Code of Ethics were displayed in both English and Welsh in the reception area. An up-to-date certificate of Employer’s Liability Insurance was also on display.

The names and General Dental Council (GDC) registration numbers of clinical staff were clearly displayed. Additionally, there was a poster showing pictures to identify the staff members.

All respondents to the HIW questionnaire who provided an opinion 'strongly agreed' that staff treated them with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire who provided an opinion said that staff gave them enough information to understand which treatment options were available, and the risks and benefits of these.

Timely

Timely Care

Staff told us that an instant messaging system was in place for those working in surgeries to update reception staff about any delays. Patients would then be updated verbally and given the option to re-book their appointment if desired.

The practice opening hours were clearly displayed on the front door, along with telephone numbers to use out of hours or in an emergency.

The practice did not use an online booking system, but patients were able to book appointments by phone or in person.

Staff told us that emergency appointments, for each dentist, were made available daily and that cancellations were actively offered to patients on a waiting list. Reception staff were trained dental nurses and prioritised emergency appointments based on patient symptoms and clinical need.

All but one of the respondents to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and Language

The 'Active Offer' of Welsh was implemented at the practice. A bilingual poster at the front door encouraged patients to let staff know if they would prefer to receive treatment in Welsh. Staff told us that two members of staff were fluent

Welsh speakers and we saw that these could be identified by the wearing of 'iaith gwaith' badges.

Staff told us they had access to 'language line' translation services, if required for non-English speaking patients.

Rights and Equality

The practice had an 'Equality, Dignity and Human Rights' policy in place, which included definitions of protected characteristics under the Equality Act and addressed the rights of both patients and staff.

Staff told us that preferred names and/or pronouns were recorded on patient records, to ensure transgender patients were treated with respect.

We saw that good provision had been made to accommodate wheelchair users and patients with mobility difficulties. There was one surgery downstairs, accessible via a ramp, and staff told us that each dentist had regular access to this surgery. Staff told us that patients with a need or preference for the downstairs surgery had this noted in their records.

Chairs in the waiting areas had high backs and arm rests, to aid patients with mobility issues. The patient toilet was downstairs and easily accessible for wheelchair users, and it was fitted with emergency alarms and grab handles.

Patients with hearing difficulties were aided by a hearing loop in reception area, and the use of television screens to call patients into surgeries.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw that the premises were clean, well-maintained, and free from obvious hazards.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment, and records of regular checks and servicing of fire safety equipment. Escape routes were clearly signposted, and we saw evidence of regular fire drills having taken place. Fire extinguishers were stored correctly and had been serviced regularly.

We found that there was a Building Maintenance policy in place, but that this lacked detail. Staff told us that frequent, regular checks were made of the premises and equipment. We advised that a checklist should be used to formalise and record the checks being made and that this should include visual checks of the X-ray equipment. The Building Maintenance policy was updated, and a suitable checklist put in place during the inspection.

We saw that the practice had an appropriate Health and Safety policy, and appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

The practice had an up to date 'Disaster Planning and Business Continuity' policy in place. Staff told us that in the event of business disruption, they could remotely access both patient records and the telephone system.

Staff had access to lockable changing facilities and secure storage for personal items.

The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

Infection, Prevention, Control (IPC) and Decontamination

There were arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures, a designated infection control lead and an effective cleaning regime. The chairs in the waiting areas were of wipe clean material and in good repair.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood. An ultra-sonic bath with a time-lock was used, to ensure instruments underwent the full cycle of cleaning, which was noteworthy practice.

We observed the door to the decontamination room could be left open and advised that the door should have a self-closing mechanism, to minimise the risk of contamination.

We recommend that that door to the decontamination room be fitted with a self-closing mechanism.

All respondents to the HIW questionnaire who provided an opinion said that the practice was 'very clean' or 'fairly clean' and that infection prevention and control measures were evident.

Medicines Management

We reviewed the arrangements for the disposal of waste and found them to be generally satisfactory. Staff told us that expired or unused medicines, including Midazolam, were taken to a local pharmacy for disposal, but that no receipts were issued. We advised that evidence of disposal should be recorded and kept for audit purposes. This was resolved during the inspection by the practice adding medicines disposal to their existing waste disposal contract.

We found that the practice had appropriate and safe arrangements for medicines management, supported by a Medicines Management policy.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, except that some face masks for self-inflating bags were missing. Staff provided evidence during the inspection that these had already been ordered, and immediately after the inspection provided photographic evidence that they had been delivered.

We reviewed staff training records and saw evidence that all staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

Safeguarding of Children and Adults

We found that safeguarding policies and procedures were in place and available to all staff. Flow charts were displayed, with appropriate contact details and

procedures noted that children missing appointments be marked as 'was not brought'.

We reviewed staff training records and found all staff to have up-to-date training in the safeguarding of children and vulnerable adults. There was a designated safeguarding lead with training at Level 3, which we consider to be good practice.

Management of Medical Devices and Equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose.

We saw that the practice had an inventory of X-ray equipment, records of maintenance and local rules in place. We reviewed staff training records and saw that all staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

An electronic Radiation Protection File was kept. However, some sections had not been populated, such as having a Carers and Comforters policy. In addition, a radiation protection risk assessment had been carried out, but the action plan had not been completed.

The registered manager must ensure that all relevant sections of the Radiation Protection File are completed.

The registered manager must ensure that the Radiation Protection Risk Assessment action plan is completed.

Laundry facilities were available on site to launder staff uniforms. We advised that a laundry policy be put in place, in line with the requirements of Welsh Health Technical Memorandum WHTM 01-04.

The registered manager must ensure that an appropriate laundry policy is put in place, in line with the requirements of WHTM 01-04.

Effective

Effective Care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. Staff explained to us how they would obtain and follow professional guidance and advice when necessary.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction.

Patient Records

Patient records were held electronically and in line with a Records Management policy.

We reviewed a sample of 10 patient records and found very good recording of clinical information. Patients were prompted to submit an updated medical history, via an electronic portal, prior to their appointment. We noted that the recording of verbal consent required improvement.

The registered manager must ensure that verbal consent to treatment is always recorded in patient records.

Efficient

Efficient

The premises and facilities were appropriate for the services being provided. Staff told us that patients requiring urgent care were prioritised where possible, and any cancelled appointments made available to others using a waiting list.

Quality of Management and Leadership

Leadership

Governance and Leadership

There were clear management structures in place, with the practice under the direction of the principal dentists, who were also the owners, and a practice manager. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of team meetings taking place, with minutes circulated and signed to ensure all staff were kept up to date. We were told staff had regular appraisals and saw evidence to this effect.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly.

Workforce

Skilled and Enabled Workforce

Appropriate arrangements were in place for employing staff. We saw an Employment and Induction policy, detailing the recruitment process and checks made on prospective employees. A checklist was used, that included proof of identity and checks using the Disclosure and Barring Service (DBS). The policy covered the use of agency staff and required the same checks to be carried out.

We reviewed a sample staff records (4 out of 12) and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance, and had appropriate vaccination against Hepatitis B. We also saw that appropriate DBS checks had been carried out.

There was good compliance with mandatory training requirements, and that this was actively monitored by the practice manager.

Culture

People Engagement, Feedback and Learning

Patient feedback was actively sought by the provision of a suggestion box and posters directing patients to an online survey. There was a 'you said, we did' poster in the waiting area to show that actions were taken on as a result of feedback.

There was a clear and comprehensive complaints procedure in place. This was clearly displayed, in both English and Welsh, in the reception area. The procedure included contact details, timescales for response and how to escalate the issue if required with details of HIW and the Ombudsman.

Staff told us that both verbal and written complaints were logged and reviewed regularly, with any issues and actions shared with staff in team meetings.

There was a Duty of Candour policy in place and staff told us they had received appropriate training on this.

Information

Information Governance and Digital Technology

The practice used electronic systems to manage patient records, policies and procedures, and staff training records.

Learning, Improvement and Research

Quality Improvement Activities

We found that there was no Audit and Quality Improvement policy in place. This was discussed with staff and an appropriate policy was written and provided to us during the inspection.

We found evidence of a variety of audits being carried out. However, a Smoking Cessation audit had not been undertaken, but staff told us that this was planned and would be carried out once appropriate training had been completed.

The registered manager must ensure that a Smoking Cessation audit is carried out.

Staff told us that they made use of quality improvement training tools provided by Health Education and Improvement Wales (HEIW) - including Maturity Matrix Dentistry (MMD) and Skills Optimiser Self-Evaluation Tool (SOSET).

Whole Systems Approach

Partnership Working and Development

Staff told us that interaction with system partners was typically by phone or email. Electronic systems used for referral of patients, and to access and monitor metrics (eDEN system).

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that there was a Building Maintenance policy in place, but that this lacked detail. We advised that a checklist should be used to formalise and record the checks being made and that this should include visual checks of the X-ray equipment.	A robust policy and checklist would ensure that the premises and equipment were checked regularly, and any issues captured.	This was raised with the Practice Manager during the inspection.	The Building Maintenance policy was updated, and a suitable checklist put in place during the inspection.
Staff told us that expired or unused medicines, including Midazolam, were taken to a local pharmacy for disposal, but that no receipts were issued.	Evidence of safe disposal of medicines should be recorded and kept for audit purposes.	This was raised with the Practice Manager during the inspection.	This was resolved during the inspection by the practice adding medicines disposal to their existing waste disposal contract.

<p>We inspected equipment in place to deal with medical emergencies and found some face masks for self-inflating bags were missing.</p>	<p>This could reduce the effectiveness of resuscitation in the event of a medical emergency.</p>	<p>This was raised with the Practice Manager during the inspection.</p>	<p>Staff provided evidence during the inspection that these had already been ordered, and immediately after the inspection provided photographic evidence that they had been delivered.</p>
<p>We found that there was no Audit and Quality Improvement policy in place.</p>	<p>The policy would support the monitoring and improvement of services at the practice.</p>	<p>This was raised with the Practice Manager during the inspection.</p>	<p>An appropriate policy was written and provided to us during the inspection.</p>

Appendix B - Immediate improvement plan

Service: Penclawdd Dental Practice

Date of inspection: 12 March 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No further urgent non-compliance issues were identified during the inspection.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: Penclawdd Dental Practice

Date of inspection: 12 March 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
The door to the decontamination room could be left open.	We recommend that that door to the decontamination room be fitted with a self-closing mechanism, to minimise the risk of contamination.	The Private Dentistry (Wales) Regulations 2017, Regulations 13(3) and 13(6)(b)	Currently obtaining quotes to get the self-closing mechanism fitted.	Rebecca Moyle	To be installed by July 2024
An electronic Radiation Protection File was kept. However, some sections had not been populated, such as having a Carers and Comforters policy.	The registered manager must ensure that all relevant sections of the Radiation Protection File are completed.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	In the process of reviewing the Radiation Protection File.	Rebecca Moyle	To be completed by June 2024

A radiation protection risk assessment had been carried out, but the action plan had not been completed.	The registered manager must ensure that the Radiation Protection Risk Assessment action plan is completed.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	The radiation protection risk assessment action plans have been completed.	Rebecca Moyle	Completed 30/04/2024
Laundry facilities were available on site. We advised that a laundry policy be put in place, in line with the Welsh Health Technical Memorandum WHTM 01-04.	The registered manager must ensure that an appropriate laundry policy is put in place, in line with the requirements of WHTM 01-04.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Laundry policy written and put in place.	Rebecca Moyle	Completed 28/04/2024
A review of a sample of patient records showed that verbal consent was not always recorded.	The registered manager must ensure that verbal consent to treatment is always recorded in patient records.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	Meeting held on 23 rd April 2024, to discuss recording verbal consent for every patient during every appointment.	Rebecca Moyle	Completed 23/04/2024
The practice had not undertaken a Smoking Cessation audit.	The registered manager must ensure that a Smoking Cessation audit is carried out.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)			

		All staff currently undertaking smoking cessation training (VBA+). All documents obtained from HEIW, to commence audit 07/05/2024.	Rebecca Moyle	Audit planned to commence 07/05/2024 and run over 2 month period.
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Rebecca Moyle

Job role: Practice Manager

Date: 28/04/2024